

Healthy Child Care



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Positive Approaches to Discipline

Children can present child care providers and parents with a wide range of challenging behaviors. It's the role of the adult to provide a positive environment for children to learn appropriate ways to interact with others.

A positive approach to discipline provides several advantages: (1) you can focus on guidance instead of punishment to encourage appropriate behavior, (2) it can create a positive environment which is known to promote learning. Stressful environments can impact brain development in young children and learning and memory in all children, and (3) both you and the children will feel better about yourselves and each other! Here are a few positive discipline strategies to consider when dealing with challenging behaviors.

When challenging behaviors occur, first do a short self-assessment. Reflect back to your own behavior, and ask yourself these questions:

Are my expectations for the children reasonable?

Remind yourself about the "age and stage" of each child in the group and adjust your expectations accordingly. Even though a child is a certain chronological age, developmentally he or she may be younger.

Have I been giving inconsistent messages to the children?

Do I ignore a behavior one time and react to it the next? Clearly communicate your expectations to the children and stick to them.

Have I been distracted by adult conversation or other activities?

Turn your focus back to the group. Get down to the children's level, make eye contact and let them know that you are giving them your full attention.

Next, consider ways that you can PREVENT challenging behaviors:

♦ It's all in the timing

Provide encouragement and positive reinforcement rather than reacting to the child's challenging behavior.

(cont'd on page 5)

Inside This Issue

BCC Update	2
Consumer Product Safety Commission	3
Have You Heard?	4
Positive Approaches to Discipline (cont'd)	5
Learning About Lead Poisoning	6
National Toll-Free Number for Poison Control	7
Family Style Meals	8
CACFP Training Schedule	9
Child Care Providers and Immunizations	10
10 Ways to Prepare Eggs	11
Recipe for Italian Egg & Cheese Soup	12



The Importance of What You Do

Do you ever feel like the young man in the poem below called, *The Starfish*? Do you feel like there are so many children that need care, each with different needs, but there is only one of you? While it is easy to feel overwhelmed by the magnitude of all that needs to be done, it's important to focus on the here and now, and on those things that you can control.

There are children and families that need the services you provide. In a single day, you provide safety and security for those children and families. You help the parents feel confident as they leave their children with you while they attend school or go to their jobs. Just take each day one at a time, one child at a time. And remember, you may not see the results of your work today. Even so, you will know that you have been important in the lives of the families and children you work with.

The Bureau of Child Care appreciates your efforts to provide quality child care to Missouri's children.



The Starfish

An old man walked the ocean beach the morning after a violent storm. He noticed a young man ahead of him, picking up starfish and flinging them into the sea.

Finally, unable to contain himself, the old man approached the youth and asked him why he was doing this. The young man replied that the stranded starfish would die if left on the beach in morning sun. "But the beach goes on for miles and there are thousands of starfish," countered the old man. "What you are doing won't make any difference!" The young man looked at the starfish in his hand and said, "It makes a difference to this one."

Anonymous

This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the web address so they may print their own copy. **This document is in the public domain and may be reprinted.**

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Consumer Product Safety Commission

The U. S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. You can reach the CPSC through:



products have been recalled, and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC to find out product information.

- ◆ The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.

- ◆ The CPSC web site address at <http://www.cpsc.gov>

How to Obtain Recall Information

The U.S. CPSC issues approximately 300 product recalls each year, including

many products found in child care settings.

Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be loaned or given to a charity, relatives, or neighbors, or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending, or selling recalled consumer products. You can contact the CPSC to find out whether

To receive CPSC's current recall information automatically by e-mail or fax, or in a quarterly compilation of recalls sent by regular mail, call CPSC's hotline and after the greeting, enter 140, then follow the instructions given.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.

CPSC, Kids II Inc. Announce Recall of Pop Links Toys

In cooperation with the U.S. Consumer Product Safety Commission (CPSC), Kids II Inc., of Alpharetta, Ga., is voluntarily recalling about 20,000 Pop Links toys. The tips on the links that snap together like a chain, can break off, posing a choking hazard to young children.

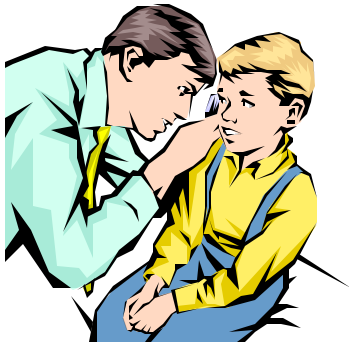
Kids II has received 11 reports of tips on the links breaking. No injuries have been reported.

Pop Links model 883 with a date code "ND1" molded on the tips of the links are involved in this recall. The toys come in a variety of bright colors with unique shapes and various textures. There are 12 links in a package. The links snap together, creating a chain of links. Mass merchandise and juvenile specialty stores nationwide sold the Pop Links between June 2001 through November 2001 for about \$4.

Consumers should immediately take the Pop Links toys away from young children and return them to Kids II for a replacement toy. Consumers can contact Kids II toll-free at (877) 325-7056 between 7:30 a.m. and 4:30 p.m. ET Monday through Friday. Consumers can also visit the firm's web site at www.kidsii.com.

Kids II Pop Links that do not have a date code "ND1" are not subject to this recall.

Have You Heard ? ? ?



Each May, our nation focuses attention on hearing loss during Better Hearing and Speech Month. Hearing loss affects over 1 million children in the United States. One of every 22 infants born in the United States has some kind of hearing problem, and one in every 1,000 infants born in the U.S. has a severe or profound hearing loss.

It is becoming more common to conduct hearing screenings for newborns before they leave the hospital. When hearing loss is detected late, language development may be delayed. Children are more likely to perform below their grade level, and are more likely to be held back, drop out of school, and fail to earn a high school diploma. When hearing loss is identified early, the results are quite different. Children receive early intervention and usually function at the level of their peers by the time they enter school.

In Missouri, a new law became effective on January 1, 2002, which requires all infants to have their hearing screened prior to hospital/facility discharge. This requirement, referred to as Universal Newborn Hearing Screening, also applies to infants born at home or outside a facility. Their health care provider is required to assure each infant has a hearing screen performed by the time they reach 3 months of age. New technology allows the infant's hearing to be screened in a quick and painless manner, often while they sleep.

As early as 1965, professional medical organizations recognized and recommended early hearing detection and intervention. Unfortunately, hearing screenings were not typically performed until children were ready to enter school. Under this method, most children who are deaf or have a hearing loss were not diagnosed until at least 3 years of age. Missing opportunities to identify hearing loss early in life may lead to delays in a child's communication, socialization skills and ultimately in their success in school.

Today over 497,974 Missouri citizens have a diagnosed significant hearing loss. Included in this number are about 2,980 children between the ages of 2 and 18.

The Department of Health and Senior Services, Bureau of Genetics and Disabilities Prevention (BGDP), is responsible for implementing and monitoring this new requirement. Birthing hospitals and audiologists are required to report the newborn hearing screening results to the BGDP. The BGDP monitors the hearing screening results of each newborn to assure screenings are performed and additional screening or testing is completed. The BGDP's goal is to assure that 100% of babies needing initial or repeat screening, diagnostic testing, and/or amplification receive these services in a timely fashion.

Babies can't tell us they can't hear. Universal Newborn Hearing Screening is designed to provide a solution to this problem.

Missouri Department
of Health and Senior Services,
Bureau of Genetics
and Disabilities Prevention
573-751-6266 or
800-877-6246

Positive Approaches to Discipline

(continued from page 1)

√ Consider how long the child can participate/remain on-task without misbehavior? If it is 2 minutes - "Catch him being good" at 1 ½ minutes.

◆ Use a calm, respectful tone (Would I speak that way to a friend or other adult?)

◆ Use questioning - Instead of saying, "Please go get a paint apron and some paper", ask a question, "What do you need to do before you come to the table to fingerprint?"

◆ Acknowledge children's emotions

√ acknowledge their feelings with a touch, look, or word, "Oh...mmm...I see..."

√ give feelings a name, "I can tell by your face that you are angry!" "That would make me sad, too."

◆ Build a bank account - Use positive moments when things are going well to build on your relationships with children. Plan specific ways you can do that with each child. For example, extra "lap" time, playing a board game, or a private conversation.

◆ Share control with the child Consider opportunities throughout the day when children can learn to take responsibility. If we are constantly giving too much help, what message is that giving to the child?

◆ Use your schedule to provide the children with a variety of experiences. This variety provides for flexibility in classroom structure and ways to learn; helping address the diverse needs, interests, and temperaments of all children. A consistent daily routine/schedule provides structure and predictability to the day. Children know what to expect, providing them with a sense of control and security.

◆ Plan for Transitions Plan activities and games to facilitate movement from one activity or location to another and to cover "down time" Waiting children can be "challenging children".

◆ Use Redirection - Offer alternatives to the disruptive behavior or event. Be sure to closely supervise and redirect *before* the behavior/event occurs.

√ Keep the children involved in play through your guidance and participation in their play as appropriate. Your attention and direction can make a BIG difference in children's play.

√ Provide enough toys and materials that are developmentally appropriate.

Finally, if a challenging behavior occurs, some ways to intervene include:

◆ Use Planned Ignoring If you think the function of the

child's behavior is *attention*, you may decide to ignore times when the child is involved in behaviors that are appropriate to ignore. DO NOT give up - the behavior will most likely get worse before it gets better.

◆ Use Redirection - If a misbehavior *does* occur, you can guide the child to an alternative activity. Provide support and **specific** suggestions about where the child can go and what he can do, and be sure to monitor the child to see if he gets engaged in a new activity.

◆ Teach Calming Techniques and Self-Monitoring -

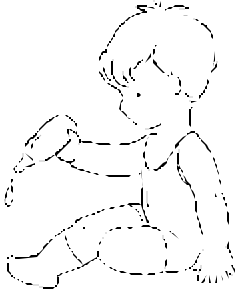
√ Teach words to express emotions. Verbally reflect children's feelings: "It looks like you are angry." "I can tell by your face that you didn't like it when Bert took the truck."

√ Help older children use words with you or their peers: "Tell Jessica 'NO' when he tries to bite you."

√ Wait for high emotions to pass - When upset, we are not able to 'think' or problem-solve.

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Learning about Lead Poisoning



With summer right around the corner, children are anxious to get outdoors and child care providers are beginning to plan outdoor activities. But, summertime may bring about an additional challenge for child care providers. Because children like to play in the dirt, soil that has lead in it is a danger to them. Dirt contaminated with lead may get on their hands and often into their mouths. High levels of lead in a child's body can result in lead poisoning, causing health problems and disabilities.

Lead levels in soil are generally highest in urban areas, areas of heavy automobile use, industrial sites and around older homes and buildings where lead paint may be chipping or flaking. The only way to know if there is lead in the soil is to have it tested.

If lead is present, the best way to get rid of the leaded area is by having the top 8"-10" of soil removed and taken away. But, this can be costly. There are ways to reduce the lead hazards and make the area safer without completely removing the soil.

To reduce lead hazards:

- ◆ Cover dirt with clean gravel, grass, or mulch. This will reduce a child's risk of lead getting into their bodies.
- ◆ Make a play area away from places such as the house or a fence where lead paint may be chipping.
- ◆ Provide a sandbox for children to discourage playing in the soil.
- ◆ Plant shrubs around the house or bare soil area to keep children away.
- ◆ Cover dirt sidewalks with gravel, brick, stone, or concrete to reduce the amount of dust brought into the home.

Often, a child with lead poisoning will show no signs or symptoms. If symptoms do occur they are often mistaken for the flu or other illnesses. The best diagnostic test for lead poisoning is to get a lead test. A lead test is a blood test. Children less than six years old should be tested for lead. Older children or adults may also be tested if they suspect they were exposed to lead. Your local health department or physician can provide testing and information.

It is important for child care providers to educate

both parents and young children about lead poisoning. Lead poisoning is preventable. The following are examples of lead poisoning lesson plans that may be used by child care providers.

Handwashing

Discuss: Explain the importance of handwashing before eating, after playing outside, after playing with pets, and before bedtime.

Activity: Have students sing a song while they wash their hands with soap under running water. Make sure students wash for at least 20 seconds to rid of all germs (and lead dust). The song below may be sung to the "ABC" tune to promote handwashing.

Wash your hands before you eat.

Wash your hands before you sleep.

Wash your hands after play.

Wash your hands throughout the day.

Run the water in the sink.

Several minutes before you drink.

Drink the water, drink a lot.

But, never drink the water hot.

Wiping Feet

Discuss: Wiping feet before coming inside keeps soil that may contain lead out of the child care environment. This

is especially important in programs that care for infants and toddlers who spend much of their day playing on the floor.

Activity: Preschoolers will get into a feet wiping routine if colorful doormats and fun reminders like “all little horses wipe their feet and neigh” are used.

Lead Pollution

Discuss: Explain the importance of keeping non-food items out of the mouth. Understand the role of wiping feet and washing hands to remove lead dust.

Activity: 1. Use baby powder to show how dust can be in the air by spraying it. 2. Mix baby powder in paint to show how it dissolves (invisible). 3. Show how powder clings to toys, feet, and hands. 4. Use children’s ideas on how to clean items.

With summertime approaching, this is an excellent opportunity to provide additional lead prevention education to children and their families. It is important to remember that lead poisoning is preventable.

Contact your local health department or physician for more information on childhood lead poisoning.

National Toll-Free Number for Poison Control

On January 30, 2002, the American Association of Poison Control Centers (AAPCC) launched a nationwide public awareness campaign to promote 1-800-222-1222, a new lifesaving toll-free hotline that connects Americans to poison treatment and prevention experts 24 hours a day, seven days a week. The new hotline allows someone to call from anywhere in the United States and automatically be connected to specially trained nurses, pharmacists and doctors at the closest local poison center. These poison experts will respond to poison emergencies and answer poison-related questions about medicines, household products and other potentially dangerous substances.

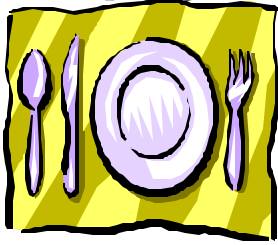
Prior to the launch of this service, each local poison center was accessible only through local or state-wide numbers. While these numbers will continue to operate, the AAPCC and local poison centers are encouraging Americans to learn and remember the new national hotline, so they can easily access it, anytime and anywhere in the United States.

The AAPCC’s education campaign will include print, radio and television public service announcements, a wide distribution of stickers, magnets, brochures and posters with the new hotline number and Poison HELP logo and a new Web site, www.1-800-222-1222.info.

On average, poison centers in the United States manage a poison exposure every 14 seconds. The vast majority - 77 percent - of these exposures can be treated over the phone, right where they happen, with telephone advice and assistance from poison center experts. If emergency medical care is needed to treat a poisoning, poison center experts provide information on treatment to emergency personnel and other health care providers. Additionally, the expert staff at poison centers are available to answer non-emergency poison-related questions.

The American Association of Poison Control Centers is a nationwide not-for-profit organization of poison centers and others interested in the prevention and treatment of poisoning.

Happy Times with Family Style Meals



The Child and Adult Care Food Program (CACFP) supports family style meal service in the child care setting. Serving a meal family style means serving foods in bowls or dishes on the table. Milk and other beverages are served in containers. Children are encouraged to serve themselves, or serve themselves with help from an adult. Family style meals are good for both children and child care providers. (See Benefits of Family Style Meals)

Under the family style method of meal service, each child receives a portion of each meal component. Replenishments of each meal component must be readily available at each table. Family style meal service is allowable in the CACFP if:

- ✓ Enough food is placed on each table to provide minimum portions of the family style components for all children at the table and to accommodate program adults supervising meal service if they eat with the children.
- ✓ Some amount of each required component must

be served to each child and at least the minimum regulatory portion must be offered to the child.

- ✓ When the full regulatory portion is not initially served to the child, supervising adults must assume the responsibility of actively asking the child if they would like the full portion during the course of the meal.

Any food placed on the table may not be reused or served as a leftover at a later time.

Food which has been prepared, but not placed on the table, may be reused if properly stored and reheated to at least 165 degrees Fahrenheit. Under the Missouri Department of Health and Senior Services (MDHSS) sanitation standards, milk should not be set on the table for any period of time. Milk should be poured just before the meal service begins. The MDHSS recommends the purchase of half-pint cartons or service of milk from a milk dispenser.

Keep It Clean & Cozy Family Style Meals in the Child Care Setting¹

Family style meal service helps children feel more at home in child care. A few tips can help children pass and serve foods while keeping the good sanitation standards needed in child care.

- ✓ Clean and disinfect tables before the meal is served.

- ✓ Children and caregivers should wash their hands before the meal is served.

- ✓ Teach children to pick the piece of food they want by looking at it first.

- ✓ Provide easy to use tongs, spoons, and scoops for serving foods.

- ✓ Remind children to take what they touch when serving themselves.

- ✓ Teach children to pass serving bowls and dishes without putting their fingers into the bowl or touching the foods as they handle the serving dishes.

- ✓ Expect spills. Children are learning and accidents are normal. Keep clean-up cloths or paper towels handy and wipe up spills without a fuss. Keeping mealtimes pleasant is the goal.

Benefits of Family Style Meals¹

Family style meals are good for children because:

- **Children see food that looks good and see other children taking it.** Children are often unsure about new foods. Seeing new foods and watching others serve themselves gets them interested. They are more willing to try a small serving

when they see other children trying new foods.

- **Children can choose the amount of food they want to have on their plate.** A large portion of food can turn children off because they may feel they have to eat more than they want. When foods are served family style, children may choose to take a small portion of food, knowing that the food will still be available if they would like a second serving.
- **Children practice new skills with their hands and fingers while eating. They also learn table manners.** Serving themselves gives children time to practice skills like passing, pouring, and scooping foods. Taking turns, sharing, and politely turning down foods are all a part of the table manners children learn by example. The caregiver shows and tells children the correct table manners.
- **Children do not see one food as more important than another.** Since all foods for the meal are on the table together, children do not see one food as better than another. Food is not used as a reward or punishment since children have all foods available to them throughout the meal.

Family style meals are good for child care providers because:

- **Children enjoy the company of their child care provider.** Since all of the food is on the table before the meal begins, the children and the child care provider can enjoy the meal together.
- **Children are more relaxed.** Children are relaxed because they do not need to decide how much they want to eat before the meal begins. Since there is food on the table throughout the meal, children can judge what they want to eat and how much.
- **Food and beverages are at the table.** The child care provider does not need to leave children when a second serving is requested. Avoiding more trips to the kitchen helps family style meals to be relaxed.
- **Children practice good table manners and pleasant mealtime conversation.** When the child care provider is able to eat with the children s/he can model good table manners and guide children's behavior to keep mealtime pleasant.

¹ CARE Connection Handout Number 32, CARE Connection Training Program, National Food Service Management Institute, the University of Alabama, Birmingham, Alabama 35244.

CACFP Training Schedule

Orientation training for the Child and Adult Care Food Program for childcare centers* is held in the five district offices located throughout the state.

Northwestern District Independence

April 16, 2002
May 13, 2002
June 19, 2002
July 12, 2002

Southwestern District Springfield

May 14, 2002
July 16, 2002

Southeastern District Cape Girardeau

April 19, 2002
June 14, 2002

Central District Jefferson City

May 9, 2002
June 18, 2002

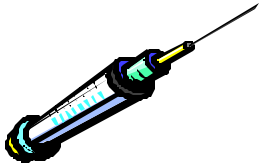
Eastern District St. Louis

April 12, 2002
May 10, 2002
June 7, 2002
July 12, 2002

*Shelter and After-school training held separately.

Call 800-733-6251 to register for a training session in your area.

Child Care Providers and Immunizations



Disease prevention is the key to public health. Vaccines prevent disease in the people who receive them and protect those who come into contact with unvaccinated individuals. Vaccines help prevent infectious diseases and save lives.

Many infectious diseases that were once common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and *Haemophilus influenzae* type b (Hib), are now under control because of vaccine.

While the United States currently has record, or near record, low cases of most vaccine-preventable diseases, the viruses and bacteria that cause them still exist. Even diseases that have been eliminated in this country, such as polio, are only a plane ride away.

Preventing infectious diseases is especially important in a child care setting, and immunizations play an important part in the health of children who attend. For that reason, Missouri law requires that parents provide proof of immunization for children enrolled in child care and that all licensed child care providers keep

immunization records on file for each child.

Vaccinations are required for diphtheria, tetanus, pertussis, Hib (*haemophilus influenzae* type b), polio, hepatitis B, measles, mumps, rubella, and varicella (chickenpox). It is easy to forget how dangerous these diseases can be. Hepatitis A vaccine and pneumococcal conjugate vaccine (with the brand name Prevnar) are recommended for all Missouri children by the Advisory Committee on Immunization Practices, but they are not required by state law for attendance at child care facilities.

It is easy to forget how dangerous these diseases can be, so a brief description of vaccine-preventable diseases and the complications they can cause follows.

Diphtheria is a serious bacterial infection that can cause pneumonia, heart failure, nerve damage, or death by suffocation.

Tetanus is a noncontagious disease caused by germs found in the soil that enters the body through wounds. It occurs as often in adults as in children, and people should be reimmunized every 10 years after the basic series. It can cause muscle spasms, severe nervous system damage, or death.

Pertussis (whooping cough) is a serious

respiratory infection. It can cause pneumonia, brain damage, or death.

Measles (ten-day, red, or hard measles) is a serious and highly contagious disease that can cause brain damage, mental retardation, pneumonia and other respiratory problems, ear problems, or death.

Mumps is an acute viral disease with painful swelling around the jaw. Complications include central nervous system damage, deafness, painful inflammation of the male sex glands, kidney inflammation, and infections in other major organs.

Rubella (German or three-day measles) is a mild infection in children, a major tragedy in pregnant women because of potential damage to her unborn child, including miscarriage and stillbirth, severe birth defects that include blindness and deafness, damage to heart, brain, and other organs.

***Haemophilus influenzae* type b (Hib)** is a serious bacterial infection that can cause meningitis, an inflammation of the brain or spinal cord, epiglottitis, which can cause severe breathing difficulty, pneumonia, or death.

Polio is a viral disease with three known strains and can cause permanent paralysis, deformity, or death.

Hepatitis B is a viral disease of the liver. It can cause life-long liver disease, liver cancer, or death.

Varicella (chickenpox) is a viral disease that is spread easily through the air. Complications include skin infections, pneumonia, encephalitis, or inflammation of the brain, Reye's Syndrome, or death.

Pneumococcal disease can be caused by many types of pneumococcal bacteria. Pneumococcal conjugate vaccine helps prevent childhood diseases caused by the bacterium *Streptococcus pneumoniae*, also known as pneumococcus. Serious complications from these diseases include pneumonia, meningitis, bacteremia (blood stream infection), or death.

Hepatitis A is a viral disease of the liver. It is easily spread through feces, especially after activities such as changing diapers. It can cause fever, nausea, and jaundice, severe illness, especially in adults who catch Hepatitis A from children they care for, and in rare cases, death.

Missouri is experiencing a shortage of varicella vaccine, tetanus/diphtheria vaccine, and pneumococcal conjugate vaccine. Parents should stay in contact with their health care providers to make sure they know when these vaccines are available for their children.

Ten Ways to Prepare Eggs

Eggs prices usually drop in the spring. Traditionally, chickens produced fewer eggs in the winter months and started delivering more eggs in the warming months of the spring. Therefore, the law of supply and demand made eggs cheaper in the spring, because they were more plentiful. Eggs are still ordinarily a bargain in the spring, even though modern technology has made egg production much more consistent year round. Including eggs in your menus will save money on your food budget in the spring.

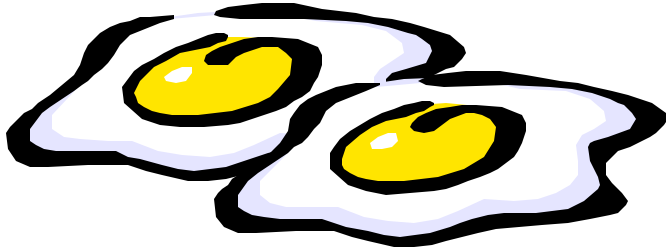
Here is a list of 10 kid – friendly ways to prepare eggs:

1. Scrambled eggs – These can be done on top of the stove or in the oven.
2. Hard cooked eggs – Allow older children to peel their own. This activity helps with fine motor coordination.
3. Deviled eggs – Cut small triangles of red and green peppers so the children can turn their eggs into “sailboats.”
4. Green eggs and ham – the children will like them Sam-I-am.
5. Italian Egg and Cheese Soup – recipe on page 12.
6. Egg salad sandwiches.
7. Egg in a hole – Butter each side of a slice of bread. Use a biscuit cutter to cut a circle in the middle of the bread. Place the piece of bread with the hole in it in a heated skillet and break an egg into the hole. Cook until the egg is set and flip the bread to cook the other side until the egg is completely solid. Toast the circle in the skillet (or oven) and serve with the egg in the hole.
8. Baked eggs – Oil each cup in a muffin pan. Break an egg in each cup. Top each egg with 1 teaspoon each of milk and grated cheese. Bake at 350° for 20 minutes.
9. Egg burrito – Scramble eggs. Place the equivalent of one egg in a 6” flour tortilla, top with salsa and grated cheese and roll burrito style.
10. Eggs a’ la golden rod – Children seem to enjoy this classic egg dish. Hard cook eggs. Peel and slice. Separate yolks from the whites. Place slices of whites on a piece of toast and cover with a white gravy (or white sauce). Push yolks through a sieve over the gravy to make the golden rods.

ITALIAN EGG AND CHEESE SOUP

Ingredients

1 ½ gallons chicken broth
24 eggs
6 ounces (1 ½ cups) Parmesan cheese
½ cup chopped, fresh parsley
1 ½ tablespoons dried basil leaves
2 teaspoons black pepper



1. Bring broth to a boil.
2. Beat eggs. Add eggs to the broth, stirring gently until eggs are completely set.
3. Stir in cheese, parsley, basil, and pepper. Heat thoroughly and serve.

Makes 24 – 1-cup servings.

Source: The American Egg Board.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.



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